

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/06/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151529		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/26/2013	
NAME OF PROVIDER OR SUPPLIER SCHNECK MEDICAL CENTER HOSPICE				STREET ADDRESS, CITY, STATE, ZIP CODE 411 W TIPTON ST PO BOX 2349 SEYMOUR, IN 47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
L000000	<p>This was a hospice federal recertification & state relicensure survey.</p> <p>Survey Dates: 7/24-26/2013</p> <p>Facility #: 007970</p> <p>Medicaid Vendor #: 200131630A</p> <p>Surveyors: Dawn Snider, RN, PHNS Team Leader Ingrid Miller, RN, PHNS</p> <p>Quality Review: Joyce Elder, MSN, BSN, RN July 30, 2013</p>			L000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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L000537	<p>418.56 IDG, CARE PLANNING, COORDINATION OF SERVICES The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient.</p> <p>Based on clinical record review, policy review, and interview, the hospice failed to ensure the written plan of care was developed with full participation of the interdisciplinary group for 11 of 13 records (1 - 5, 7 - 10, and 14 - 15) reviewed with the potential to affect all of the hospice patients.</p> <p>Findings</p> <p>1. Clinical record #1, start of care (SOC) 2/25/13, included a plan of care for the benefit periods of 2/25/13 - 5/25/13 and 5/26/13 - 8/23/13 that failed to evidence a signature and date to identify the Registered Nurse (RN) had participated.</p> <p>2. Clinical record #3, SOC 11/29/12, included a plan of care for the benefit periods of 11/29/12 - 2/26/13, 2/27/13 - 5/27/13, and 5/28/13 - 7/26/13 that failed to evidence all the members of the Interdisciplinary Group (IDG) had participated.</p>			L000537	<p>L 537The hospice agency will ensure the written plan of care was developed with full participation of the Interdisciplinary Team (IDT) as evidenced by handwritten signature and date on every Plan of Care.A process change will be implemented. All Hospice Plan of Care documents will be manually signed and dated by the IDT members during the weekly meeting signifying their participation in the patients plan of care.Plans of Care for current patients will be audited and appropriate staff will sign and date (per agency policy) signifying their participation in the patients' plans of care. this retrospective review will be overseen by the administrator.Systematic audits will be performed weekly by the nurse manager for all admissions and recertifications to ensure compliance.An inservice was provided to the IDT on August 5, 2013 to discuss the new process and implement changes.The IDT will review and update the two policies titled, "Documentation of Provision of Care" and "Hospice in a Facility-Plan of Care" to</p>		08/23/2013

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	<p>A. The plans of care for the benefit periods of 11/29/12 - 2/26/13 and 2/27/13 - 5/27/13 failed to evidence a signature and date to identify the RN had participated.</p> <p>B. The plan of care for the benefit period of 5/28/13 - 7/26/13 failed to evidence a signature and date to identify the RN had participated.</p> <p>3. Clinical record #5, SOC 4/9/13, included a plan of care for the benefit periods of 4/9/13 - 7/7/13 and 7/7/13 - 10/5/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>4. Clinical record #7, SOC 1/23/13, included a plan of care for the benefit periods of 1/23/13 - 4/22/13 and 4/23/13 - 7/21/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>5. Clinical record #9, SOC 7/9/13, included a plan of care for the benefit period of 7/9/13 - 10/6/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>6. Clinical record #11, SOC 5/13/13, included a plan of care for the benefit</p>				<p>include the new process demonstrating alignment with the regulation. A 10% random sample of Plan of Care documents will be audited monthly for hand written signatures and dates for all IDT members in the plan of Care until 100% compliance is achieved. This plan of correction will be completed by August 23, 2013. The Hospice Administrator will be responsible for ensuring this deficiency is corrected and will not recur.</p>		

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	<p>period of 5/13/13 - 8/10/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>7. Clinical record #15, SOC 7/9/13, included a plan of care for the benefit period of 7/9/13 - 10/6/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>8. On 7/26/13 at 3:15 PM, Employee J, the clinical manager, and Employee K, administrator, indicated all members of the IDG had not signed the plans of care.</p> <p>9. Clinical record #2, start of care (SOC), 12/13/12, included plans of care for the benefit periods 12/31/12 to 3/30/13, 3/31/13 to 6/28/13, and 6/29/13 to 8/27/13 that failed to evidence all members of the IDG had participated.</p> <p>A. The plan of care for the benefit period of 12/31/12 to 3/30/13 failed to evidence a signature and date to identify the RN and the chaplain had participated.</p> <p>B. The plan of care for the benefit period of 3/31/13 to 6/28/13 failed to evidence a signature and date to identify the RN had participated.</p> <p>C. The plan of care for the benefit period of 6/29/13 to 8/27/13 failed to</p>						

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	<p>evidence a signature and date to identify the RN, social services, and chaplain had participated.</p> <p>10. Clinical record #4, SOC 7/5/13, included a plan of care for the benefit period of 7/5/13 to 10/2/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>11. Clinical record # 8, SOC 5/23/13, included a plan of care for the benefit period of 5/23/13 to 8/20/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>12. Clinical record #10, SOC 7/8/13, included a plan of care for the benefit period of 7/8/13 to 10/5/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>13. Clinical record # 14, SOC 7/13/13, included a plan of care for the benefit period of 7/13/13 to 10/10/13 that failed to evidence a signature and date to identify the RN had participated.</p> <p>14. The policy with a current review date 10/10 titled "DOCUMENTATION OF PROVISION OF CARE" states, "3. Signatures (first initial and entire last name as a minimum)/and/or electronic signatures are permitted for all</p>						

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	<p>documentation. ... 5. Entries should be made in ink/or by electronic signatures with full dates, signatures and titles.</p> <p>15. The policy with a current review date 6/11 titled "HOSPICE IN A FACILITY-COORDINATED PLAN OF CARE" states, "8. ... Signatures will be required to document this coordinated and accepted plan of care."</p>						